1094512

FORM D



U. S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

INIFORM LIMITED OFFERING EXEMPTION

UNIT	JKM LIMITED OFFERING EA	ENIPTION TO A LOCALITY
ĕ \ _	mendment and name has changed, and indicate char	nge.)
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Secti	on 4(6) ULOE
Type of Filing: New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION	
1. Enter the information requested	about the issuer	
	endment and name has changed, and indicate change	2.)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11011 King Street, Suite 260, Overla	and Park, KS 66210	913-338-5550
	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
same		
Brief Description of Business		
	g of law enforcement related products.	<u> </u>
Type of Filing: New Filing		processes other (please specify): JAN 3 0 2004
Actual or Estimated Date of Incorporation		imated THOMSON FINANCIAL
Jurisdiction of Incorporation or Organization	on: (Enter two-letter U.S. Postal Service abbreviatio CN for Canada; FN for other foreign jurisdicti	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed not later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U. S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC II	DENTIFICATION DATA
more of a class of equity securities of the is	vote or dispose, or direct the vote or disposition of, 10% or ssuer; orate issuers and of corporate general and managing partners of
Check Box(es) that Apply: Promoter Beneficial Own-	
Full Name (Last name first, if individual) Ross, Charles A., Sr.	
Business or Residence Address (Number and Street, City, State, 11011 King Street, Suite 260, Overland Park, KS 6621	• •
Check Box(es) that Apply: Promoter Beneficial Own	er 🛛 Executive Officer 🖾 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual) Owen, David C.	
Business or Residence Address (Number and Street, City, State, 2 11011 King Street, Suite 260, Overland Park, KS 6621	
Check Box(es) that Apply: Promoter Beneficial Owner	er 🛮 Executive Officer 🖾 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual) McCoy, Kenneth L.	
Business or Residence Address (Number and Street, City, State, 2 11011 King Street, Suite 260, Overland Park, KS 6621	
Check Box(es) that Apply: Promoter Beneficial Owner	
Full Name (Last name first, if individual) Mason, Roger L.	
Business or Residence Address (Number and Street, City, State, 2 11011 King Street, Suite 260, Overland Park, KS 6621	
Check Box(es) that Apply: Promoter Beneficial Owner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, 2	Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner	er
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, 2	Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner	er
Full Name (Last name first, if individual)	and the second s
Business or Residence Address (Number and Street, City, State, 2	Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMA	TION A	BOUT C	FFERIN	IG.			
1.	Has the	issuer sold,	, or does the	issuer inte	end to sell, to	o non-accre	dited inves	tors in this	offering?		Yes	No
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?										\$ <u>N/A</u>	
3.	Does the offering permit joint ownership of a single unit?										Yes ⊠	No □
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
	ne (Last na	me first, if	individual)									
N/A Business N/A	s or Reside	nce Addres:	s (Number a	and Street,	City, State,	Zip Code)				·-···		
Name of N/A	f Associate	d Broker or	Dealer									
States in			Has Solicit TES" or ch					-				l States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
			individual)				,			, ,	<u> </u>	
Business	s or Reside	nce Address	s (Number a	and Street,	City, State,	Zip Code)						
Name of	Associate	d Broker or	Dealer									
States in			Has Solicit TES" or ch								🗆 A	Il States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] _[UT]	[CT] [ME] [NY] [VT]	(DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nar	ne (Last na	me first, if	individual)									
Business	s or Reside	nce Address	s (Number a	and Street,	City, State,	Zip Code)	····					
Name of	Associate	d Broker or	Dealer					···	·	-	· · · · · · · · · · · · · · · · · · ·	
States in			Has Solicit						***		П А	11 States
[AL] [IL] [MT] [RI]	(Check [AK] [IN] [NE] [SC]	"ALL STA [AZ] [IA] [NV] [SD]	TES" or ch [AR] [KS] [NH] [TN]	ECK INDIVID [CA] [KY] [NJ] [TX]	(UT)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	.ll States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND I	USE PROCE	EDS
ì.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>14.5 mil</u>	\$ <u>14.5 mil</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 14.5 mil	\$ 14.5 mil
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$\frac{13,731,000}{2}
	Non-accredited Investors	12	710,000
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question I.	T	D. II
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505 Regulation A. Rule 504 Total		\$ \$ \$ \$
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs. Legal Fees. Accounting Fees. Engineering Fees.	🛮 🗎	\$ 2,000 \$ 3,000 \$ 30,000 \$ 2,000
	Sales Commissions (specify finder's fees separately)	🔲	\$
	Other Expenses (identify). Blue Sky Filing Fees		\$\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE P	ROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1, and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$	14,463,000
6. Indicate below the amount of adjusted gross proceeds to the issuer used or proposed to be used fo of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check to the left of the estimate. The total of payments listed must equal the adjusted gross proceeds to set forth in response to Part C - Question 4.b above.	k the box	
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and Fees		\$\$ \$ \$ \$
that may be used in exchange for the assets or securities of another issuer pursuant to a merger). Repayment of indebtedness		s
Working Capital Other (specify): See transaction description below. 1		□ \$ ⊠ \$ <u>14,463,000</u>
Column Totals	□ \$	□ \$ 14,463,000
Total Payments Listed (column totals added)	If this notice is fi	iled under Rule 505, the , upon written request of
Signature Vista Exploration Corporation Signature August Columbia	Date	ary 272004
Name of Signer (Print or Type) Title of Signer (Print or Type)		
David C. Owen President		
There are no gross proceeds in this transaction. This transaction was a share for share exchange purchich ICOP Acquisition Corporation, a Colorado corporation ("Merger Sub") and newly formed first exploration Corporation, a Colorado corporation, ("Vista") merged with ICOP Digital, Inc., a Nevad continuing as the surviving entity and a wholly—owned subsidiary of Vista. Pursuant to the Merger, exchanged for shares of Vista on a one-for-one basis. Pursuant to SEC rules, outstanding shares of the effects the consideration most recently paid for such shares.	t-tier wholly-owner a corporation ("IC all outstanding sha	ed subsidiary of Vista COP"), with ICOP ares of ICOP are to be
ATTENTION		
-tentional minutetaments on amissions of foot constitute fodown animinal violations. (See 19 T.	S C 1001)	

APPENDIX

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	Type of Security Intend to sell to non- accredited investors in State (Part B – Item 1) Type of Security and aggregate offering price price Offered in State (Part C – Item 2) Type of Investor and amount purchased in State (Part C – Item 2)					Disqua ur State (If yes, explanatio	Disqualification under State ULOE (If yes, attach an explanation of waiver granted) (Part E - Item 1)		
State	Yes No		(rante = nem r)	Number of Accredited	Amount	Number of Non- Accredited	Amount	Yes	No
AL				Investors		Investors			
AK	-								
AZ	-	-							
AR		X	Common Stock \$260,000	4	260,000				
CA									
СО		X	Common Stock \$660,000	9	660,000				
СТ		X	Common Stock \$100,000	6	100,000				
DE									
DC									
FL									
GA					-				
НІ									
ID							 		
IL							 		
IN									
ΙA								A	
KS	X		Common Stock \$12,016,000	57	11,420,000	9	596,000		
KY									
LA									
ME									
MD									
MA									
MI									
MN									
МО		X	Common Stock \$210,000	4	210,000				
MS	X		Common Stock \$280,000	13	266,000	2	14,000		

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	accredited	o sell to non- d investors in State 3 – Item 1)	Type of Security and aggregate offering price offered in State (Part C – Item 1)	Type of	Type of Investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (If yes, attach an explanation of waiver granted) (Part E - Item 1)	
State	Yes	No	,	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT				Investors		Investors				
NE	X		Common Stock \$100,000			1	100,000			
NV										
NH										
NJ										
NM						 				
NY		X	Common Stock \$200,000	1	200,000					
NC										
ND						-				
ОН									7	
OK										
OR										
PA	X		Common Stock \$5,000	1	5,000					
RI										
SC										
SD										
TN		X	Common Stock \$30,000		30,000					
TX	X		Common Stock \$45,000	3	45,000					
UT										
VA										
VT										
WA										
WV										
WI		X	Common Stock \$485,000-	3	485,000					
WY	X		Common Stock \$50,000	1	50,000					